



**Board for Asbestos, Lead, and Home Inspectors
HOME INSPECTOR CERTIFICATE APPLICATION INSTRUCTIONS**

A complete Virginia Home Inspector Certificate application package must include the following:

1. A \$25 check or money order payable to the Treasurer of Virginia **or** a completed credit card insert;
2. A completed two-page application;
3. Certificates of completion indicating successful completion of a specified number of instructional hours and indicating the content area of the instruction, **or** written confirmation from a training facility/institution indicating the number of instructional hours and the content area of instruction;
4. A Completed Experience Verification Form signed by the supervising home inspector or other individual familiar with the applicant's work, **or** a detailed list of home inspections for self-employed applicants;
5. A copy of a pass letter from the Examination Board of Professional Home Inspectors; **and**
6. A copy of a Certificate of Insurance indicating the name of insured, coverage amount, coverage period, and name and address of insurance carrier.

Entry Requirements

All applicants for an individual Home Inspector Certificate must meet the following requirements:

- Completed 35 contact hours of classroom instruction and have completed a minimum of 100 home inspections; **or** completed 70 contact hours of classroom instruction and have completed a minimum of 50 home inspections. *Classroom instruction shall cover the content areas of the board-approved examinations.*
 - ***An applicant who cannot fulfill the classroom instruction requirement may substitute a minimum of 10 years of experience as a home inspector. The experience substitution is subject to review and approval.***
- Passed the National Home Inspectors Examination or another written competency examination approved by the board.
- Submit evidence of having obtained at least \$250,000 in general liability insurance.

Note:

For those applicants who hold membership in good standing in a national or state professional home inspectors association, specific membership requirements that are equal to or exceed certification requirements listed above may be accepted to satisfy the classroom instruction, experience or written competency examination entry certification requirements. Any certification requirements not met by association membership must be satisfied. For example, if classroom instruction was not a requirement for association membership, the applicant must still submit the required documentation to meet this entry requirement. All entry requirements satisfied by association membership are subject to Board approval. The applicant shall send a form, provided by DPOR, to the state or national professional home inspectors association. The association shall indicate the membership requirements that the applicant met to obtain membership. **The applicant shall include the completed form with his application if applying in said manner.**

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8595



Board for Asbestos, Lead, and Home Inspectors
HOME INSPECTOR CERTIFICATE APPLICATION
Fee \$25.00

**A check or money order payable to the TREASURER OF VIRGINIA, or
a completed credit card insert must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.**

To obtain a home inspector certificate, your application package must include 1) a complete and legible HOME INSPECTOR CERTIFICATE APPLICATION; 2) either a completed HOME INSPECTOR EXPERIENCE VERIFICATION form or a detailed list of home inspections you have completed; 3) copies of any training certificates proving that you successfully completed the required contact hours of classroom instruction; 4) evidence of having passed a written competency examination approved by the Board; and 5) evidence of having obtained general liability insurance of at least \$250,000.

1. Name _____
First Middle Last Generation
(SR, JR, III, etc.)
2. Social Security Number *

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3. Date of Birth _____
4. Home Street Address (PO Box not accepted) _____
City, State, Zip Code _____
5. Business Address (if different from home) _____
City, State, Zip Code _____
6. E-mail Address _____
7. Telephone & Facsimile Numbers

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Telephone		Facsimile		Beeper/Cellular	
8. Do you hold a current or expired home inspector certification issued by the Virginia Board for Asbestos, Lead and Home Inspectors?
No ☐
Yes ☐ If yes, please provide the Virginia certificate number and expiration date.
Virginia Certificate Number 3380 Expiration Date _____
9. Do you hold a membership in either a national or state professional home inspectors association, which may qualify you for certification because the requirements for such membership are equal to or exceed the requirements for certification in Virginia?
No ☐
Yes ☐ If yes, all education, experience and examination must be documented on a Home Inspector Association Membership Form completed by the association. **Skip to #11.**
10. Which of the following methods of certification are you using to qualify for a Virginia Home Inspector Certification?
☐ 35 contact hours of classroom instruction and 100 home inspections.
☐ 70 contact hours of classroom instruction and 50 home inspections.
☐ 10 years of experience as a home inspector.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	3380	ISSUE DATE
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11. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

12. Have you ever been convicted or found guilty, regardless of adjudication, in any jurisdiction of the United States of a ***misdemeanor*** involving violence, repeat offenses, multiple offenses or crimes that endangered public health or safety, ***OR of any felony***, there being no appeal pending therefrom or the time for appeal having elapsed. Any plea of nolo contendere shall be considered a conviction for purposes of this application.

No ☐

Yes ☐ If yes, list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole, or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I verify that during the past three years, there were no suspensions or revocations of any authorizations I hold to perform home inspections, nor are there any pending enforcement actions involving any home inspection certificate. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested certificate. I also certify that I understand, and have complied with, all the laws of Virginia related to certification under the provisions of Title 54.1, Chapters 1, 2, 3, and 5 of the *Code of Virginia* and the *Virginia Certified Home Inspectors Regulations*.

Signature _____

Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.



**Board for Asbestos, Lead, and Home Inspectors
HOME INSPECTOR EXPERIENCE VERIFICATION FORM**

Experience Verification: To be completed by the applicant and signed by the supervisor or other individual familiar with the applicant's work and job duties.

Experience obtained during any time that you were **self-employed** may be verified by attaching a detailed list of home inspections you have completed.

1. Applicant's Name _____
First Middle Last Generation
(SR, JR, III)
2. Social Security Number *

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3. Date of Birth _____
4. Mailing Address _____
City, State, Zip Code _____
5. E-mail Address _____
6. Telephone & Facsimile Numbers

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Telephone	Facsimile	Beeper/Cellular

You may duplicate this form to accommodate all your references.

Employer _____
Employer's Street Address _____
City, State, Zip Code _____
Telephone & Facsimile Numbers

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Telephone	Facsimile

Name of Experience Reference/Supervisor _____
Reference/Supervisor's Address _____
Reference/Supervisor's Telephone Numbers

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Telephone	Facsimile

Applicant's Job Title _____
Dates of Employment From _____ To _____
Number of Home Inspections Completed _____
Reference/Supervisor's Signature _____ Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

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Department of Professional and Occupational Regulation
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**Board for Asbestos, Lead, and Home Inspectors
HOME INSPECTOR ASSOCIATION MEMBERSHIP FORM**

**To be completed by the Home Inspector Association and returned with the application for a
Virginia Home Inspector Certification.**

MEMBER INFORMATION:

1. Member's Name _____
First Middle Last Generation (SR, JR, III)
2. Dates of Membership _____
3. Type of Membership _____

NATIONAL OR STATE PROFESSIONAL HOME INSPECTORS ASSOCIATION:

4. Association Name _____
5. Address _____
City, State, Zip Code _____
6. E-mail Address _____
7. Telephone & Facsimile Numbers () - () -
Telephone Facsimile

REQUIREMENTS MET BY THE ABOVE-NAMED MEMBER IN ORDER TO RECEIVE MEMBERSHIP:

8. *Educational Requirements*
Secondary school/post-secondary school requirements _____
Classroom Instruction
Number of contact hours _____
Content area of instruction _____
9. *Experience Requirements*
Number of required home inspections for membership _____
10. *Examination Requirements*
Name of examination _____
Type of examination (written or electronic) _____
Date examination was passed _____

PREPARER'S SIGNATURE:

11. Name of person preparing this form _____
12. Title of person preparing this form _____
13. Preparer's Signature _____ Date _____